## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED 1" AMENDMENT AFTER AS FILED 2 \*\* AMENDMENT AFTER I"AMENDMENT IND. DEP. 2 AMENDMENT IND: DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND.

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